

Anti-Diversion New Customer Set-Up Checklist

Customer name: MEDICAL PARK PHARMACY LTC

DEA number: FM2051477

Division: 8 - Wheeling

Specialist: Ben Grafner

Address: 4118 5TH STREET ROAD

City, State: HUNTINGTON, WV

Zip code: 25701

Today's date: 02/23/16

Account type: Closed Door

Checklist (check one) 1st Verification

Compliance Statement	<input checked="" type="checkbox"/>
KYC Document	<input checked="" type="checkbox"/>
Website Research	<input checked="" type="checkbox"/>
DEA License	<input checked="" type="checkbox"/>
Pharmacist(s) License	<input checked="" type="checkbox"/>
Technician(s) License	<input type="checkbox"/>
MD and/or RN License (where applicable)	<input type="checkbox"/>
Ryan Haight Act Question	<input checked="" type="checkbox"/>
Contract Pricing Declaration (where applicable)	<input type="checkbox"/>
On-Site Verification Form (where applicable)	<input type="checkbox"/>
CAH VP Strategic Account Approval (Wholesale accounts only)	<input type="checkbox"/>
Wholesaler Safe Product Practices Form (WSPP)	<input type="checkbox"/>

Checklist (check one) 2nd Verification

Compliance Statement	<input type="checkbox"/>
KYC Document	<input type="checkbox"/>
Website Research	<input type="checkbox"/>
DEA License	<input type="checkbox"/>
Pharmacist(s) License	<input type="checkbox"/>
Technician(s) License	<input type="checkbox"/>
MD and/or RN License (where applicable)	<input type="checkbox"/>
Ryan Haight Act Question	<input type="checkbox"/>
Contract Pricing Declaration (where applicable)	<input type="checkbox"/>
On-Site Verification Form (where applicable)	<input type="checkbox"/>
CAH VP Strategic Account Approval (Wholesale accounts only)	<input type="checkbox"/>
Wholesaler Safe Product Practices Form (WSPP)	<input type="checkbox"/>

Comments/Notes

CM: Blank

Acct #: 08-108698

ADC/DEA tool: Not Blocked

Discipline: None

*Per CAH Rph: "I would set them at 21M, with the exception of DF 9193, my recommendation would be 15,000 based on the number of current beds that they are servicing."

*Per Sales: CAH will be primary wholesaler.

Which of the following exceptions apply to your practice? (Check all that apply) For hospice patients

Other (please specify): -- LONG TERM CARE

Florida Customers only

Account is located in the state of Florida?

No

Purchase data received?

No

Scheduled controls 2 & 3 reviewed & consistent with business model?

No

Credentialing of all listed personnel on KYC survey is complete?

No

Controlled Substance Registration

A controlled substance registration has been provided?

Yes

CS Required States:

Alabama, Delaware, D.C., Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Michigan, Massachusetts, Mississippi, Missouri, Montana, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, Wyoming, Puerto Rico

CS Not Currently Required:

Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Kansas, Kentucky, Maine, Minnesota, Nebraska, New Hampshire, New York, North Dakota, Pennsylvania, Vermont,

REVIEWED

By ben.grafner at 12:08 pm, Feb 29, 2016

APPROVED

By ben.grafner at 12:08 pm, Feb 29, 2016

Reviewed by (place stamp to the right):

Red Flag Checklist

Retail Independent Account		Managed Care Account	
	Check if "yes"		Check if "yes"
1. The pharmacy, owner, PIC and/or any other licensed individual(s) has had a DEA registration suspended, revoked, or disciplined.	<input type="checkbox"/>	1. The facility, owner, MD and/or any other licensed individual(s) at the facility has had a DEA registration suspended, revoked, or disciplined.	<input type="checkbox"/>
2. The pharmacy fills scripts for out-of-state patients and/or prescribers.	<input type="checkbox"/>	2. The facility fills new scripts and/or sells pharmaceuticals via the internet and/or internet is 30% of total prescriptions dispensed.	<input type="checkbox"/>
3. The pharmacy is affiliated with other pharmacies or Internet web sites.	<input type="checkbox"/>	3. The % of non-injectables is higher than the % of injectables.	<input type="checkbox"/>
4. The pharmacy receives more than 20% of their prescriptions via fax or internet.	<input type="checkbox"/>	4. The facility offers on-site dispensing.	<input type="checkbox"/>
5. The pharmacy receives over 15% cash payment for prescriptions.	<input type="checkbox"/>		
Red Flag Comments:		Red Flag Comments:	
Hospital Account		Surgery Center Account	
	Check if "yes"		Check if "yes"
1. The hospital, RN, MD and/or on-site Pharmacist-In-Charge (PIC) at the hospital has had a DEA registration suspended, revoked, or disciplined.	<input type="checkbox"/>	1. The surgery center, RN, and/or MD at the surgery center has had a DEA registration suspended, revoked, or disciplined.	<input type="checkbox"/>
2. Only 1 individual is responsible for ordering, monitoring, & invoicing of controls.	<input type="checkbox"/>	2. Only 1 individual is responsible for ordering, monitoring, & invoicing of controls.	<input type="checkbox"/>
3. The hospital fills new scripts and/or sells pharmaceuticals via the internet and/or internet is 30% of total prescriptions dispensed.	<input type="checkbox"/>	3. The surgery center fills new scripts and/or sells pharmaceuticals via the internet and/or internet is 30% of total prescriptions dispensed.	<input type="checkbox"/>
4. Cash transactions are conducted outside of the patient bill.	<input type="checkbox"/>	4. Cash transactions are conducted outside of the patient bill.	<input type="checkbox"/>
5. The % of non-injectables is higher than the % of injectables.	<input type="checkbox"/>	5. The % of non-injectables is higher than the % of injectables.	<input type="checkbox"/>
6. The hospital offers on-site dispensing.	<input type="checkbox"/>	6. Phentermine is one of the top 5 most utilized controlled substances.	<input type="checkbox"/>
7. The % of Hydrocodone, Oxycodone & Alprazolam purchases are 75% to 100% of all controlled purchases.	<input type="checkbox"/>	7. The Surgery Center offers on-site dispensing.	<input type="checkbox"/>
		8. The % of Hydrocodone, Oxycodone, & Alprazolam purchases are 75% to 100% of all controlled purchases.	<input type="checkbox"/>
8. There is no explanation for how often controlled substances usage analysis is conducted.	<input type="checkbox"/>	9. There is no explanation for how often controlled substances usage analysis is conducted.	<input type="checkbox"/>
Red Flag Comments:		Red Flag Comments:	
Additional Questions:			
Have any emails been attached to this checklist? (State justification below)			Check if "yes"
			<input type="checkbox"/>
Has this customer been reviewed with a Cardinal Health Pharmacist?			<input checked="" type="checkbox"/>
Additional Comments/Observations:			

APPROVED

Approved by (place stamp to the right):

By ben.grafner at 12:09 pm, Feb 29, 2016

Updated: 10/23/2013

Grafner, Ben

From: cardinalhealth@insights.cardinalhealth.com
Sent: Friday, February 12, 2016 11:27 PM
To: GMB-DUB-KYC-SURVEYS
Subject: QRA LTC/IS: DEA#FM2051477, Facility Name: MEDICAL PARK PHARMACY LTC

Recipient Data:

Time Finished: 2016-02-12 21:27:14

IP: 173.219.88.20

ResponseID: R_3po0JIFY5VpKCVx

Link to View Results: [Click Here](#)

URL to View Results:

https://cardinalhealth.co1.qualtrics.com/CP/Report.php?SID=SV_1LYudupqyVevSoB&R=R_3po0JIFY5VpKCVx

Response Summary:

Have you purchased pharmaceutical products from Cardinal Health within the past 12 months?

No

Person completing this form:

Name MICHELE DILLON

Title OWNER

Email address mdillon@medparkltc.com

Name of your Cardinal Health sales rep:

Jessie Kave

Primary DEA# of the Long Term Care/Infusion Services (LTC/IS) Center:

FM2051477

Long Term Care/Infusion Services (LTC/IS) Center legal business name:

MEDICAL PARK PHARMACY LTC

Is the facility name different than the corporate name?

No

LTC/IS Center information:

Address PO Box 999

City Lavalette

State WV

Zip code 25535

Phone number(s) 304 529 3784

Email mdillon@medparklhc.com

Website (if any) NONE

State license number SP0552406

State controlled substance license number (if applicable) SP0552406

Is the primary DEA a physician/practitioner registration number?

No

Does the physician/practitioner engage in professional practice in the state of Florida?

No

Are you Florida State Board certified?

No

Do you prescribe controlled substances?

No

Which of the following exceptions apply to your practice? (Check all that apply)

For hospice patients

Other (please specify): -- LONG TERM CARE

What is your specialty practice?

Other (please specify): -- PHARMACY

Are controlled substances dispensed to patients?

Yes

Are controlled substances administered to patients?

No

Ownership type:

For-Profit corporation

Please indicate state of incorporation:

WV

Names of the top 4 officers of the LTC/IS Center (e.g., CEO, president, vice president(s), secretary, treasurer) and the person(s) responsible for the LTC/IS Center's pharmacy operations. (If a partnership or sole proprietor, list names of partners or owner(s).) : Please list

A.

Names MICHELE DILLON

B.

Names MICHELE DILLON

C.

Names MICHELE DILLON

D.

Names MICHELE DILLON

E.

Names N/A

F.

Names N/A

Names of the top 4 officers of the LTC/IS Center (e.g., CEO, president, vice president(s), secretary, treasurer) and the person(s) responsible for the LTC/IS Center's pharmacy operations. (If a partnership or sole proprietor, list names of partners or owner(s).) : Please list

- A.
Titles PRESIDENT
- B.
Titles VICE PRESIDENT
- C.
Titles SECRETARY
- D.
Titles TREASURER
- E.
Titles N/A
- F.
Titles N/A

List all names, addresses, and DEA numbers for those pharmacies/entities (that receive drugs) operated by the LTC/IS Center: : Please list

- A.
Names MEDICAL PARK PHARMACY LTC

List all names, addresses, and DEA numbers for those pharmacies/entities (that receive drugs) operated by the LTC/IS Center: : Please list

- A.
Addresses 4118 5TH STREET ROAD HUNTINGTON, WV 25701

List all names, addresses, and DEA numbers for those pharmacies/entities (that receive drugs) operated by the LTC/IS Center: : Please list

- A.
DEA numbers FM2051477

Is your LTC/IS Center a member of a GPO?
Yes

What is the name of the group/organization?
MHA

Have any of the DEA registrants (pharmacies, physicians, dentists, nurse practitioners, physicians assistants, etc.) associated with the LTC/IS Centers and acquiring drugs based on their DEA license ever had a DEA registration, state permit (pharmacy), or state controlled substance permit suspended, revoked or disciplined?
No

Have any of the Pharmacists-in-Charge (PIC) working in your pharmacies ever had his/her license(s) suspended, revoked or disciplined?
No

Are there currently any lawsuits, liens, or judgments filed against the Corporate officer(s), person(s) responsible for the LTC/IS centers operations, or partners/owner(s) of the LTC/IS Center?
No

Please list all licensed individuals associated with the LTC/IS) Center that interact directly with the acquired drugs. List Name, Position, State License #, and if the licensee has ever had disciplinary action of any kind initiated against their license. : Provide

1

Name(s) MICHELE DILLON

Please list all licensed individuals associated with the LTC/IS) Center that interact directly with the acquired drugs. List Name, Position, State License #, and if the licensee has ever had disciplinary action of any kind initiated against their license. : Provide

1

Position(s) PHARMACIST

Please list all licensed individuals associated with the LTC/IS) Center that interact directly with the acquired drugs. List Name, Position, State License #, and if the licensee has ever had disciplinary action of any kind initiated against their license. : State

1

License # WV6110

Please list all licensed individuals associated with the LTC/IS) Center that interact directly with the acquired drugs. List Name, Position, State License #, and if the licensee has ever had disciplinary action of any kind initiated against their license. : Had disciplinary action?

1

No

Do you ship more than 5% of your product out the LTC/IS Center?

Yes

Do you maintain a wholesale license?

No

Please provide the names of all pharmaceutical wholesale drug distributors your pharmacy has used within the past 12 months, whether or not you will continue to use them going forward, and what % of controlled substances in dosage units do you intend to continue to purchase from each. : Wholesale drug

1

distributors: Cardinal Health

2

distributors: AMERISOURCE BERGEN

3

distributors: ANDA

Please provide the names of all pharmaceutical wholesale drug distributors your pharmacy has used within the past 12 months, whether or not you will continue to use them going forward, and what % of controlled substances in dosage units do you intend to continue to purchase from each. : Use going forward?

2

No

3

Yes

Please provide the names of all pharmaceutical wholesale drug distributors your pharmacy has used within the past 12 months, whether or not you will continue to use them going forward, and what % of controlled substances in dosage units do you intend to continue to purchase from each. : % of controlled substances

2
in dosage units you intend to purchase from each: 100

3
in dosage units you intend to purchase from each: 0

Does your organization purchase any controlled substances directly from manufacturers?

No

Approximately what percent of controlled substances are purchased in a year when compared to all non-controlled substance pharmaceuticals? (Calculate the percentage in terms of dosage units.)

10

Approximately what percent of controlled substances are purchased from Cardinal Health?

0

Approximately what percent of your current prescription dispensing is comprised of controlled substances?

8

Does your organization receive prescriptions from a website not owned by your organization?

No

Does your organization own any Internet (pharmacy) websites or is it affiliated with any Internet (pharmacy) websites?

No

Does your organization fill new prescriptions or sell pharmaceuticals via the Internet?

No

We will notify Cardinal Health immediately upon affiliating with a website that fills prescription requests.

X

Do you do any cash transactions outside of the patient bill?

No

Please indicate the percentage of prescription business your LTC/IS Center receives in the following areas:

Internet (new prescriptions)

Must total 100% 0

Internet (refills)

Must total 100% 0

Fax

Must total 100% 95

E-Prescribing

Must total 100% 4

Phone

Must total 100% 1

Walk-in

Must total 100% 0

Other (please specify):

Must total 100% 0

Please indicate the percentage of revenue the LTC/IS Center receives in the following areas:

Private Insurance

Must total 100% 14

Third party (Medicare/Medicaid, Insurance)

Must total 100% 85

Indigent Care

Must total 100% 0

Cash

Must total 100% 1

Other (please specify):

Must total 100% 0

What products do the pharmacies in the Long Term Care/Infusion Services (LTC/IS) Centers expect to purchase from Cardinal Health? (Check all that apply)

OTC

Prescription

Controlled Substances

For the controlled substances listed above, what percentage of these are injectable and non-injectable?

Must total 100%

Injectables 5

Non- injectables 95

Please list the top 5 controlled substances dispensed or administered for any 1 month (in terms of dosage units).

1 HYDRO/APAP 5/325MG

2 LORAZEPAM 0.5MG TAB

3 TRAMADOL 50MG

4 HYDRO/APAP 10/325MG

5 OXY/APAP 5/325MG

How many dosage units (i.e., mLs, tablets, etc.) of the following do you purchase monthly? Please include all brand names and generics. (ALL fields are required, if none purchased enter "0"). : Please specify

Phentermine

Dosage units/month 0

Hydrocodone

Dosage units/month 10,000

Alprazolam

Dosage units/month 2,000

Oxycodone

Dosage units/month 5,500

What is the approximate combined percentage of these products compared to your total controlled drug usage/month?

50-75%

Do you anticipate any new contracted beds?

Yes

Number of beds in the next . . .

3 months 0

6 months 0

Does the pharmacy service any of the following? : Services?

Hospice

Yes

Long Term Care facilities/Nursing homes

Yes

Does the pharmacy service any of the following? : Number of

Hospice

facilities served 1

Long Term Care facilities/Nursing homes

facilities served 9

Does the pharmacy service any of the following? : Average number of

Hospice

beds per facility 14

Long Term Care facilities/Nursing homes

beds per facility 50

Does the clinic service patients who reside over 2 hours away from the facility?

No

Do you anticipate an increase or decrease in utilization or change in specialized services offered?

No

Are controlled substances dispensed to patients for home or off-site use?

Yes

Does your pharmacy have any automated filling and/or dispensing machines?

Yes

What is your current licensed bed capacity?

NA

In terms of your total patient base, what percentage do you dispense Controlled Substances to?

70

What is the usual procurement pattern for controlled substances?

Daily

Controlled Substance Usage Analysis - How often does your facility review controlled drug usage reports?

Monthly

Systems--Please describe systems that support order management, inventory control, and any other system that controls/monitors/tracks usage and supply chain.

Manual system with routine audits

Is your pharmacy required to obtain a modified DEA registration under the Ryan Haight Act of 2008?

No

Does your pharmacy fill prescriptions for controlled substances for customers of websites that sell or offer to sell controlled substances or prescriptions for controlled substances? The prescription might be delivered to you

either by referral from an Internet website; or at the request of the owner, operator or employee of such a website; or by referral from a practitioner affiliated with such a website.

No

Do you, or does your pharmacy, advertise on the Internet or send unsolicited email(s) with offer(s) to sell a controlled substance or a prescription for a controlled substance?

No

Do you, or does your pharmacy, advertise on the Internet or send unsolicited email(s) that direct persons to a website through which a controlled substance or a prescription for a controlled substance may be purchased?

No

Are you a Closed Door Entity?

Yes

Are you limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do you purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

Yes

Are you limited by contract or otherwise from reselling, in the retail market, prescription pharmaceuticals, OR do you purchase pharmaceuticals in order to service non-retail customers such as nursing homes, hospitals, home care, or long-term care facilities?

Yes

Which one of the following entities that solely dispense pharmaceuticals directly to a patient are you?

None of the above

Facility:

Name: MEDICAL PARK PHARMACY LTC

Account Number: ?

Address: PO BOX 999

City LAVALETTE

State WV

Telephone Number: 3045293784

Fax Number: 3045273785

Other names in which you have operated in the last year:

NA

Parent Corporation: (N/A if not applicable)

NA

Please provide:

DEA Number: FM2051477

HIN Number: NA

State License Number: SP0552406

Cardinal Health Division:

?

Primary GPO:
MHA

Primary Customer Base:
Long Term Care / Nursing Homes

Patient/Bed Count:
500

Estimated Monthly Purchases:
170,000

By submitting this form with this box checked, I am certifying the above information, and I am a duly authorized partner, or principal of this customer.
☒

Please provide:
Your Name: MICHELE DILLON
Your Title: OWNER/PRES
Your Email Address: MDILLON@MEDPARKLTC.COM

Customer's name:
MEDICAL PARK PHARMACY LTC

By submitting this form with this box checked, I am certifying that the above is agreed to by a duly authorized office, partner, or principal of this customer.
☒

Please complete:
DEA Number of Customer: FM2051477
Full name of person completing form: MICHELE DILLON
Title of person completing form OWNER/PRESIDENT

By submitting this form with this box checked, I am certifying that the information I have provided to be true and accurate.
☒



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

OFFICE OF DIVERSION CONTROL

DEA Registration Validation Result:

DEA Number: FM2051477

This DEA Number is ACTIVE

Name (Last, First): MEDICAL PARK PHARMACY LTC ,

Business Activity: RETAIL PHARMACY

Business Address 1: 4118 5TH STREET ROAD

Business Address 2:

Business Address 3:

City: HUNTINGTON

State: WV

Zip: 25701

Schedules: Schedule II Narcotic, Schedule II Non Narcotic, Schedule III Narcotic, Schedule III Non Narcotic, Schedule IV, Schedule V

Fee Status: Paid

Expire Date: 01-31-2019

The U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control maintains registrant data and is considered the primary source of information on DEA registrants. The website <https://www.deadiversion.usdoj.gov> is the official location for real time online verification.

DEA Registration Validation:

DEA Number to be validated (Required - Not Case Sensitive)

Validate

Logout

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM2051477	01-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	12-13-2015
MEDICAL PARK PHARMACY LLC 4118 5TH STREET ROAD HUNTINGTON, WV 25701		

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE		
UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM2051477	01-31-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	RETAIL PHARMACY	12-13-2015
MEDICAL PARK PHARMACY LLC 4118 5TH STREET ROAD HUNTINGTON, WV 25701		

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY OR VALID AFTER THE EXPIRATION DATE.

Business Details

License Number	SP0552406
Business Type	Single-Site Community Pharmacy
Business Name	Medical Park Pharmacy LTC
Address1	4118 5th Street Road
Address2	
City	Huntington
State	WV
Zip Code	25701
County	Cabell
Phone	
Responsible Person Name (Pharmacist In Charge)	Michele R. Dillon
Date Issued	06/17/2010
Expiration Date	06/30/2016
Status	Active
Disciplinary Action	No

Copyright © 2010 West Virginia Board of Pharmacy
All Rights Reserved.



Board of Pharmacy

REGISTERED PHARMACY PERMIT

CONTROLLED SUBSTANCE PERMIT

July 1, 2015 - June 30, 2016 - Date Issued: April 01, 2015

Medical Park Pharmacy LTC
Registered Pharmacy

4118 5th Street Road
Huntington, WV 25701

LICENSE # SP0552406

DEA # FM2051477

Schedule II Narcotic
Schedule II Non-Narcotic
Schedule III Narcotic
Schedule III Non-Narcotic
Schedule IV All
Schedule V All

Michele R. Dillon - RP0006110

Registered Pharmacist in Charge

**West Virginia
Board of Pharmacy****Individual Details**

License Number	RP0006110
License Type	Registered Pharmacist
Name	Dillon, Michele R.
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2016
License Status	Active
Disciplinary Action	No

[Another Query](#)[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of February 22, 2016.



MEDICAL PARK PHARMACY LTC HUNTINGTON, WV

Sign in

All Maps News Shopping Images More Search tools

About 1,080 results (0.44 seconds)

Medical Park Pharmacy LTC Lavalette WV, 25535 – Manta ...
www.manta.com › ... › Wholesale Pharmaceutical Products ▼
A privately held company in Lavalette, WV. ... More Details for Medical Park Pharmacy Ltc Inc ... Wholesale Pharmaceutical Products in Huntington, WV.

Medical Park Pharmacy Ltc Inc Huntington, WV, 25701 - YP ...
www.yellowpages.com/huntington-wv/.../medical-park... ▼ Yellowpages.com ▼
Get reviews, hours, directions, coupons and more for Medical Park Pharmacy Ltc Inc at 4118 5th Street Rd, Huntington, WV. Search for other Sundries Stores in ...

Medical Park Pharmacy Long Term Care - iTriage
https://www.itriagehealth.com/.../medical-park-pharmacy-long-term-care... ▼
Medical Park Pharmacy Long Term Care in Huntington, WV - Get address information, directions, map, phone number, and wait times for Medical Park ...

Medical Park Pharmacy Ltc Inc in Huntington, WV - 304-529 ...
www.whitepages.com/.../medical-park-pharmacy-ltc-inc-hunt... ▼ Whitepages ▼
Find Medical Park Pharmacy Ltc Inc at 4118 5th Street Rd, Huntington WV 25701-9547. Call them at (304) 529-3784.

MEDICAL PARK PHARMACY LTC INC - HIPAA Space
www.hipaaspace.com › Healthcare Lookup Services › NPI Lookup ▼
1588987051 NPI number — MEDICAL PARK PHARMACY LTC INC. ... City, : HUNTINGTON ... 1, 3336L0003X, Long Term Care Pharmacy, SP0552406, WV ...

MEDICAL PARK PHARMACY LTC INC 4118 5TH STREET ...
www.labdraw.com/doctorlocations.php?doctor=1588987051 ▼
MEDICAL PARK PHARMACY LTC INC 4118 5TH STREET RD HUNTINGTON WV 25701-9547 Long Term Care Pharmacy ...

Medical Park Pharmacy Ltc Inc - MapQuest
www.mapquest.com/.../medical-park-pharmacy-ltc-inc-huntin... ▼ MapQuest ▼
Get directions and read reviews, and information about Medical Park Pharmacy Ltc Inc in Huntington, WV.

Medical Park Pharmacy Ltc Inc 4118 5th Street Rd ...
www.mapquest.com/.../west-virginia/...huntington/medical-par... ▼ MapQuest ▼
Get directions, reviews and information for Medical Park Pharmacy Ltc Inc in Huntington, WV.

West Virginia: MEDICAL PARK PHARMACY LTC INC ...
www.e-physician.info/NPI-1588987051-WV ▼
Organization Name: MEDICAL PARK PHARMACY LTC INC ... 4118 5TH STREET RD HUNTINGTON, WV 25701-9547 US ... PHARMACY JOBS WV - Page 1.

Medical Park Pharmacy Ltc Incorporated in Huntington ...
local.yahoo.com › Health & Beauty › Pharmacies ▼
Find Medical Park Pharmacy Ltc Incorporated in Huntington with Address, Phone number ... 4118 5th Street Rd, Huntington, WV 25701Cross Streets: Near the ...

Omnicare Pharmacy
Ad www.omnicare.com/LongTermCare ▼
21st century care solutions for today's long term care facilities



Medical Park Pharmacy- HR

Pharmacy

Address: 5170 US-60, Huntington, WV 25705
Phone: (304) 399-3784

Claim this business

Reviews

Be the first to review

Write a review Add a photo

People also search for

View 15+



Fruth Pharmacy



Medical Arts Pharmacy



CVS Pharmacy



Walmart Pharmacy



Valley Health Pharm

1 2 3 4 5 6 7 8 9 10 Next

Dublin, OH - From your Internet address - Use precise location - Learn more

Help Send feedback Privacy Terms